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Prevention and control of acquired immune deficiency syndrome (AIDS)

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council and to the General Assembly, as an annex to the present note, the report of the Director-General of the World Health Organization on the implementation of the global strategy for the prevention and control of AIDS, prepared in pursuance of General Assembly resolution 46/203.

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Annex

Implementation of the global strategy for the prevention and control of AIDS

Report of the Director-General of the World Health Organization

The present document, prepared in response to resolutions 1991/66 of the Economic and Social Council and 46/203 of the General Assembly, is based inter alia, on the report of the Director-General to the forty-fifth World Health Assembly. It contains the statements of activities of the organizations and specialized agencies of the United Nations system, members of the Inter-Agency Advisory Group on AIDS (IAAG), which was established by WHO to coordinate the AIDS activities of the United Nations system.

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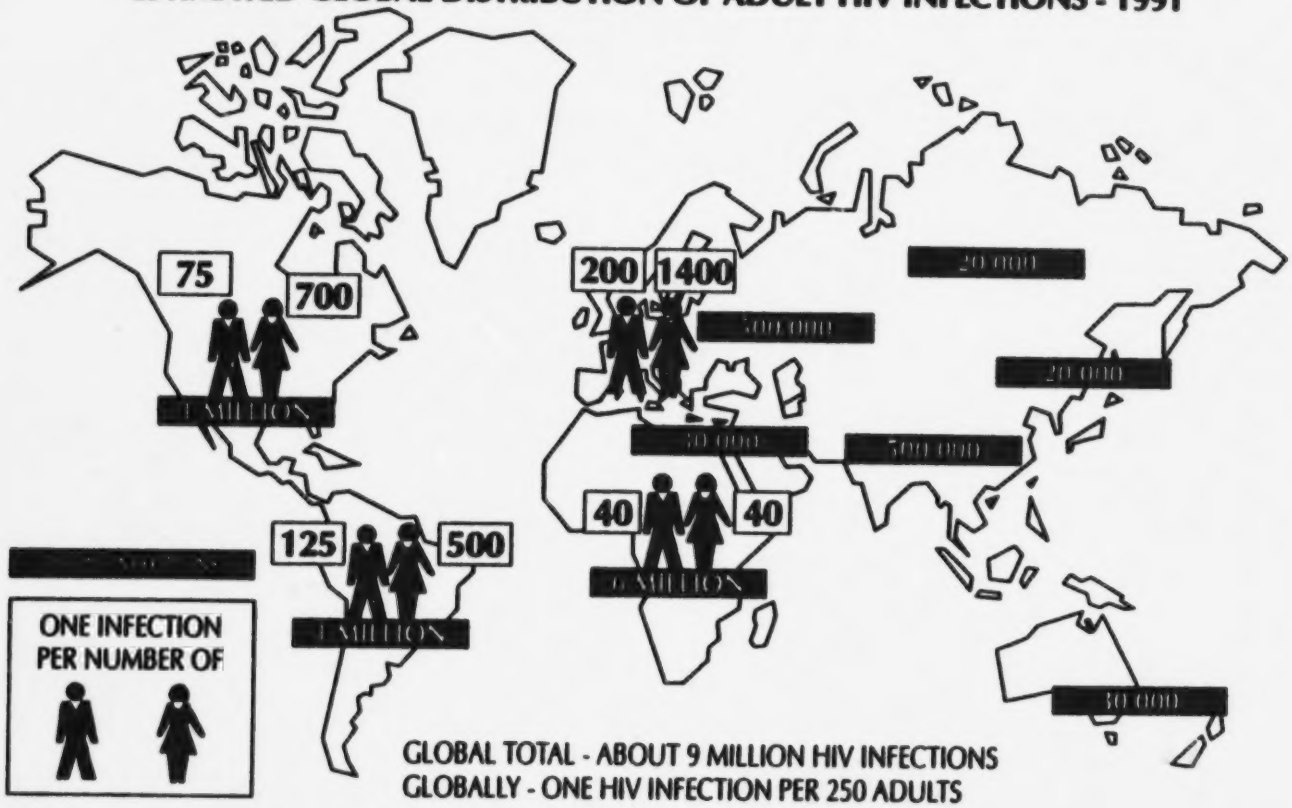
Figure 1

ESTIMATED GLOBAL DISTRIBUTION OF ADULT HIV INFECTIONS - 1991



The estimated cumulative global total of HIV-infected adults in 1991 is about 9 million, which means that, for the world population, 1 in every 250 adults is infected with HIV. Infection rates vary widely in different regions of the world. The highest rates are in sub-Saharan Africa, where 1 in 40 men and 1 in 40 women are estimated to be infected, with an estimated cumulative total of close to 6 million.

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1. GLOBAL AIDS SITUATION

1. World-wide surveillance of AIDS and HIV infection is coordinated by the Global Programme on AIDS (GPA) of the World Health Organization (WHO). Reports are received from countries through the WHO regional offices and WHO collaborating centres on AIDS.

2. The cumulative number of reported AIDS cases as at 1 April 1992 was 484,148 from 164 countries. Over 95 per cent of the reported cases have been among young or middle-aged adults. The actual cumulative total of adult AIDS cases in the world by late 1991 is estimated by WHO to be over 1.5 million. Reasons for the discrepancy include less-than-complete diagnosis and reporting to public health authorities, and delays in reporting.

3. Figure 1 shows WHO's most recent estimates of the numbers of adults in major areas of the world that have become infected with HIV since the start of the pandemic, as well as the estimated male-to-female proportion of infected adults in the five areas with the highest prevalence of infection. In the developing country areas - Africa, Asia and Latin America - this proportion is almost equal, or rapidly becoming so, indicating the predominance of heterosexual transmission. A higher male-to-female proportion continues to exist in North America and western Europe, though this proportion is slowly approaching one to one as heterosexual transmission increases in these regions. Two thirds of all HIV infections in the world today are due to heterosexual transmission, and this proportion will increase to 75 per cent or 80 per cent by the year 2000.

4. In total, WHO estimates that 5 to 6 million men and 3 to 4 million women in the world have been infected with HIV. Of these 8 to 10 million infected adults, over 1.5 million have progressed to AIDS, and the majority of these have died; a similar number have developed less severe illness related to their infection. Approximately one out of three children born to an HIV-infected woman is HIV-infected and dies of AIDS, usually by the age of five years; the remainder eventually become orphans upon their mothers' death from AIDS. Thus, there are almost 1 million infected children of HIV-infected women, and over half of them have developed AIDS or have died, and almost 2 million uninfected children of HIV-infected women are, or are likely to become, orphans. Most of these children are in sub-Saharan Africa.

5. In North America and in Europe the annual number of HIV infections is believed to have reached a peak during the first half of the 1980s with the explosive spread of HIV among homosexual men and injecting drug users. Since then, the annual number of infections in these countries has decreased, presumably owing partly to the reduction of risk behaviours in these population groups.

6. In sub-Saharan Africa, extensive spread of HIV started during the late 1970s and early 1980s, and the annual number of people with HIV infection has continued to increase throughout the 1980s and into the 1990s. In Asia, HIV transmission began in only a few countries during the late 1980s, but

infection has spread rapidly since then. WHO foresees that the annual incidence in Asia will continue to rise until early in the next century. As a result, the annual number of HIV infections in Asia is expected to exceed the annual number in Africa some time during the mid-to-late 1990s.

7. WHO foresees that by the year 2000 a world total of 30 to 40 million men, women and children will have been infected with HIV since the start of the pandemic. This will represent a tripling or quadrupling of the present total in just over eight years.

8. Because of the long interval between HIV infection and AIDS, the projected annual number of adult AIDS cases will reflect the annual number of adult HIV infections with about a 10-year time-lag. Thus, annual AIDS cases in North America and Europe are expected to reach a peak in about the mid-1990s, whereas in developing countries, especially in Asia, the annual number of AIDS cases will continue to increase into the next century. If these projections are accurate, and WHO believes that they are conservative estimates, then by the end of the 1990s over a million adult AIDS cases and deaths a year can be expected, the majority of them occurring in developing countries - about half a million in Africa and about a quarter of a million in Asia.

9. The demographic consequences of this pandemic are already being seen in sub-Saharan Africa. In East and Central Africa, where one third of sexually active adults are infected in many urban areas, child mortality rates, which had been substantially reduced during the past decade by successful immunization and other child survival programmes, are again rising to their 1980 levels because of childhood deaths from AIDS. In such populations a threefold increase in mortality in adults has also been observed over as short an interval as five years.

II. EVOLUTION OF THE GLOBAL STRATEGY AND HIGHLIGHTS OF 1991 ACTIVITIES OF THE GLOBAL PROGRAMME ON AIDS

A. Global AIDS strategy

10. The global strategy for the prevention and control of AIDS was developed in 1986; it was endorsed by the World Health Assembly in May 1987, and in the same year by the General Assembly at its forty-second session in resolution 42/8. Thus, it has served as the global policy framework for AIDS prevention and care activities for the past five years. At its meeting in April 1991, the GPA Management Committee endorsed the proposal to take a fresh look at the strategy with a view to updating it, given the changing nature of the pandemic and the knowledge gained during the past five years. Accordingly, in consultation with other agencies of the United Nations system, and with input from the Global Commission on AIDS, a proposed update of the global AIDS strategy was reviewed and endorsed by the Management Committee at its meeting in November 1991. The Executive Board, at its eighty-ninth session in January 1992, in resolution EB89.R19, endorsed the updated strategy as did the

forty-fifth World Health Assembly in May 1992 in its resolution WHA45.35. The updated strategy proposes ways of meeting the new challenges of the evolving pandemic: increased emphasis on care; better treatment for other sexually transmitted diseases; greater focus on HIV prevention through an improvement of women's health, education and status; a more supportive social environment for prevention programmes; greater emphasis on the public health dangers of stigmatization and discrimination. The endorsement of the updated global AIDS strategy by the Economic and Social Council and the General Assembly would be welcome.

B. Women, children and AIDS

11. Since heterosexual transmission of HIV is becoming the predominant mode of transmission in most countries of the world, HIV infections among women of child-bearing age are rising steeply. This means a corresponding increase in the number of infants acquiring HIV infection from their mother before, during or shortly after birth.

12. Resolution WHA43.10, adopted by the World Health Assembly in May 1990, called on WHO and its member States to strengthen AIDS prevention and control in respect of women and children. The organization's activities to this end are accordingly aimed at preventing HIV transmission to and from women (including perinatal transmission) and have included support for the development and testing of the methods of prevention controllable by women - e.g., the female condom which was launched on the European market in early 1992 - and studies on mother-to-fetus transmission in the Gambia, Uganda and Zimbabwe. Studies to test the safety and efficacy of virucides (for vaginal use) are being carried out in collaboration with the Special Programme of Research, Development and Research Training in Human Reproduction. In addition, a consultation, held in November 1990, on research priorities relating to women and HIV/AIDS, resulted in a 12-point set of recommendations for research, which has been given wide diffusion.

13. WHO is also pursuing efforts to reduce to a minimum the pandemic's effects on women as care givers. A review of six HIV/AIDS home-care programmes in Uganda and Zambia has been conducted and the results made known. GPA and the United Nations Children's Fund (UNICEF) collaborated in the organization of a meeting in May 1991 on the care and support of children of HIV-infected parents as part of the organizations' efforts to develop a strategy in this area (see para. 64).

14. A rapid method of assessment for use in collecting and analysing women's views on HIV/AIDS and determining the action they can take at community level for its control was field-tested in the Dominican Republic and Namibia in October/November 1991. This method will help countries to develop and improve realistic strategies for interventions for women in particular communities.

15. Collaboration with organizations working for women and their advancement included support for a seminar, organized in Belgium in November 1991 by the

International Council of Women, on women, sexually transmitted diseases and HIV/AIDS, in which members of the Council's national societies in English-speaking countries of Africa developed plans of action for AIDS-related activities in their countries; and for the third international workshop on women and AIDS, organized in Cameroon in November 1991 by the Society for Women and AIDS in Africa. WHO cooperated with the Division for the Advancement of Women of the Centre for Social Development and Humanitarian Affairs of the United Nations Office at Vienna, in organizing a subregional meeting on women and HIV/AIDS in Jamaica in December 1990.

C. Avoidance of discrimination in relation to HIV-infected people and people with AIDS

16. During 1991 further attention was paid to the implementation of resolution WHA41.24, adopted in May 1988. WHO carried out a study on short-term travel restrictions embodied in various legal instruments, regulations, and implementing policies in member States as they apply to HIV-infected persons. WHO policy is being further developed in the light of the study, using a consensus-building approach which includes consultation with representatives from Governments and non-governmental organizations and experts in the fields of human rights, public health and ethics.

17. A WHO technical team visited Thailand at the Government's request to provide advice on a draft bill on AIDS. The Programme also provided advice to a number of other countries on AIDS human rights issues and laws.

18. Continuing its collaboration with the Centre for Human Rights, WHO provided assistance and support to the United Nations Special Rapporteur on Discrimination against HIV-infected People and People with AIDS. The report of the Rapporteur (E/CN.4/Sub.2/1991/10) was submitted to the Sub-Commission on Prevention of Discrimination and the Protection of Minorities at its forty-third session in August 1991, and was endorsed by that body in its decision 109 of 29 August 1991. The final report is due in August 1992.

D. Collaboration with non-governmental organizations

19. Collaboration between non-governmental organizations, national AIDS programmes and WHO, within the context of resolution WHA42.34, comprised three broad strategies: promotion of cooperation and support to non-governmental organizations at country level, facilitating the growth and development of networks of non-governmental organizations, and assuring the flow of relevant information.

20. At country level WHO recommends that national AIDS programmes set a target of making available at least 15 per cent of all resources raised for the WHO Trust Fund (not including staff costs) to AIDS-related activities carried out by non-governmental organizations within the framework of medium-term plans. In addition, in 1991 WHO's partnership programme provided

grants amounting to a total of US$ 1,020,000 directly to non-governmental organizations for innovative, community-based AIDS activities in 26 countries.

21. To further the development and strengthening of networks to prevent and control HIV/AIDS, WHO provided seed funding to the Fifth International Conference of People with HIV/AIDS, held in London in September 1991, which brought together some 600 persons with HIV/AIDS from over 50 countries. This nascent network has the potential to contribute important expertise to policy and programme development throughout the world. WHO also continued its support for the development of the International Council of AIDS Service Organizations (ICASO), particularly in the strengthening of its regional structure. WHO provided support for the organization of regional meetings of non-governmental organizations within the ICASO framework in Africa, Asia and the Pacific, and the Caribbean.

22. WHO continued financial support to AIDS Action, the multi-language newsletter produced by Appropriate Health Resources and Technologies Action Group (AHRTAG), London; 174,000 copies per issue are distributed throughout the world. AIDS-related information was also provided to other newsletters.

E. World AIDS Day

23. For the fourth consecutive year, WHO coordinated the world-wide observance of World AIDS Day, on 1 December, which has become an annual event in most countries. The theme of World AIDS Day in 1991 was "AIDS: Sharing the challenge", highlighting the need for individuals, groups, communities and nations to join in providing a multisectoral response to the AIDS pandemic.

24. WHO headquarters and regional offices distributed large numbers of World AIDS Day brochures, newsletters and special feature stories to assist Governments, national AIDS committees, community-based groups, United Nations agencies, non-governmental organizations and others in planning their events for 1 December 1991. A radio programme was also prepared and distributed in advance of World AIDS Day to many radio stations throughout the world.

F. Cooperation with national programmes

25. By 31 December 1991, 131 member States had developed short-term plans and 125 had formulated medium-term plans for their national AIDS programmes (see table). A particular concern is that while the number of countries having a medium-term plan financially supported by WHO has increased from 17 at the end of 1987 to 125 at 31 December 1991, the amount of resources allocated to national AIDS programmes (including multibilateral contributions) since 1989 has remained about the same.

Table. Status of collaboration with national AIDS programmes, by activity

(Cumulative numbers)

	As at 1 January				
	1988	1989	1990	1991	1992
Short-term plans	75	118	123	130	131
Medium-term plans	26	51	95	113	125
Programme reviews	-	1	10	34	64

26. Technical support has been provided in designing, implementing and monitoring these short- and medium-term plans. In addition, substantial technical support has been provided in areas of particular importance for national AIDS programmes, including epidemiological surveillance; information, education and communication; clinical management of HIV infection and AIDS; counselling; legal aspects and human rights; and laboratory and blood transfusion services. Operational and financial support was provided for personnel, training, equipment and supplies.

27. WHO has continued to play a key role by cooperating with countries in the mobilization and coordination of national and international resources for their national AIDS programmes. The approach to mobilization of resources for this purpose has changed over time. The traditional meetings with major donor agencies, sometimes represented by officials from their head offices, have increasingly been replaced by measures to contact donors through their local representatives. More emphasis has been placed on strengthening in-country coordination and on making the local donor community aware of the needs of the AIDS programme.

28. Assessment of the progress of national AIDS programmes is at present based on reviews of their implementation. The first programme review with external participation took place in Uganda in December 1988, and a total of 64 such reviews had taken place by December 1991. Guidelines are being developed to improve the review process and to place more emphasis on assessing applicability and efficiency of methods and approaches used. The first part of the guidelines, covering the procedures for the planning and conduct of reviews, was completed in 1991 and is now being field-tested. The second part, focusing on the substance of the review, will be produced during 1992.

29. WHO has recently selected a set of priority indicators to measure progress in prevention activities, and simple methods are being developed for

their use by national programmes. These indicators will constitute an important part of the national management information systems.

30. GPA is implementing a multi-agency strategy to coordinate the expanded efforts of other international agencies in the area of condom procurement and supply. Two inter-agency consultations were held in this connection during the year. As part of its cooperation with national AIDS programmes to strengthen their capability in condom programming and to facilitate in-country implementation, GPA has developed guidelines for national-level collaboration in condom procurement and a methodology for estimating initial condom needs for HIV prevention. Guidelines for the procurement of condoms, for managing condom supplies at the national level, including a logistics management training curriculum, are being finalized for production and dissemination to country programmes. During 1991 WHO continued to provide technical cooperation to country programmes in the development of appropriate condom promotion and distribution systems. For example, support was provided to a national workshop on condom policy and planning in Kenya, to the Indian national AIDS programme in condom promotion, and to the Czechoslovak programme in condom manufacturing and distribution. WHO procured approximately 65 million quality-tested low-cost condoms for country programmes in 1991.

Africa

31. The process of regionalization of GPA activities from WHO headquarters to the Regional Office for Africa continued in 1991 in accordance with the recommendations of the interim review carried out in March 1991. As at 31 December 1991, 25 countries had been regionalized: Benin, Botswana, Burundi, Burkina Faso, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Ethiopia, Gabon, Gambia, Ghana, Kenya, Lesotho, Mali, Mozambique, Nigeria, Rwanda, Senegal, Seychelles, Swaziland, Togo, Zaire, Zambia and Zimbabwe. The Regional Office has developed a system for the continuous monitoring of country activities in administration, management, programme planning and related technical areas. National programmes also track their implementation within the framework of the African health development framework.

The Americas

32. During 1991 WHO continued its technical collaboration in the development and review of national AIDS prevention programmes in Latin America and the Caribbean. Multidisciplinary teams of experts, supported by intercountry and regional advisers, assisted member countries in the planning and evaluation of their AIDS prevention activities, which culminated in the finalization of medium-term plans for Argentina, Brazil, Chile, Paraguay and Uruguay. WHO, acting jointly with the Pan-American Health Organization (PAHO), also collaborated in the United Kingdom territories, the Netherlands Antilles and Aruba, as well as in exploratory visits to the French departments in the Americas. In addition, staff visits were made to three of the four largest Latin American countries (Brazil, Colombia and Mexico) to elicit the highest level of intersectoral and inter-agency support for national AIDS programmes.

One of the major activities during 1991 was the organization of the Third Pan-American Teleconference on AIDS, in Caracas, Venezuela.

South-East Asia

33. The problem of HIV/AIDS infection is increasing in India, Myanmar and Thailand. Recent epidemiological studies show that HIV infection is spreading mainly through sexual intercourse and sharing of unsterile needles among injecting drug users. A regional meeting of national programme managers took place in New Delhi in October 1991 to discuss, inter alia, improving programme implementation and medium-term plans and to review policies in specific technical areas. Emphasis was placed on the increased involvement of non-governmental organizations in national AIDS programmes (see para. 20 above).

Europe

34. During 1991 the emphasis of the programme in the European region has been on support to national programmes, particularly those in countries in central and eastern Europe. Albania, Bulgaria, Hungary and Poland have developed medium-term plans and Romania a bridging plan for HIV/AIDS prevention and control with the support of WHO; Yugoslavia has a short-term plan. Support was also given to Malta for the development of its national plan. An important development has been the extension and consolidation of collaboration with various networks of non-governmental organizations, AIDS service organizations, self-help groups and interest organizations. An increasingly large part of the involvement with such networks is concerned with strengthening these groups in order to enable and empower them to speak and act on their own behalf at national, local and community level.

Eastern Mediterranean

35. The implementation of national AIDS programmes in the Eastern Mediterranean region was affected to some extent by the Gulf crisis. However, a medium-term plan was prepared for Cyprus and plans of action for 1992-1993, with emphasis on priority activities, were prepared with WHO collaboration by Cyprus, Djibouti, Egypt, the Islamic Republic of Iran, Jordan, Lebanon, Morocco, Oman, Pakistan, the Syrian Arab Republic, Tunisia and Yemen. The first external review of a national programme in the region was carried out in the Sudan in November 1991. Reporting of AIDS cases and HIV infection continues to improve. The regional AIDS information exchange centre in Alexandria has continued to provide information and educational materials to member States. It issued 25 AIDS-related documents and is processing 32 more; a trilingual glossary on AIDS is being prepared. The centre collaborated with Egypt, the Libyan Arab Jamahiriya and the Sudan in the production of local information materials.

Western Pacific

36. The emphasis of the programme on AIDS in the Western Pacific region continued to be the strengthening of national AIDS programmes. By 31 December 1991, 21 short-term and 18 medium-term plans had been formulated for programmes in the region. These plans are mainly concerned with establishing programme management, improving surveillance, training health-care workers, securing laboratory diagnostic capability, testing blood donors, and educating the general public and population groups at high risk. Other essential elements included support to efforts to mobilize resources from international donor agencies, development of sound programme management systems, and increased involvement of non-governmental organizations and community groups in carrying out programme activities. All countries and areas of the region have acquired equipment and trained personnel for HIV testing. Most of them now screen over 90 per cent of their blood donors for HIV. However, while surveillance has greatly improved, many other programme components still need to be expanded.

G. Intervention development and support

37. GPA's activities to determine which interventions against HIV/AIDS and sexually transmitted diseases work, and to provide guidance on how to implement them, include measures to direct, encourage and support the evaluation, design and implementation of those that are believed to be effective, first, in preventing HIV infection, and secondly in reducing to a minimum the adverse consequences for persons with HIV infection and AIDS, their families and communities. The four main areas of focus in intervention development are described below.

High-risk behaviour

38. This area deals with strategies designed to prevent HIV transmission among those practising or more likely to practise high-risk forms of behaviour, including sex workers and their clients, persons with symptomatic and asymptomatic sexually transmitted infections, men who have sexual relations with other men, and injecting drug users.

39. A research and assessment guide, under development for the rational selection of the most feasible intervention approaches for the rapid reduction in transmission of HIV and sexually transmitted diseases in areas of high incidence, is currently being tested in Côte d'Ivoire, Ethiopia and India.

40. A review of peer education projects for prostitutes and clients has been performed which includes information from developing countries on size of target group reached, intervention components, levels of condom usage and change in usage compared with rates of HIV infection and sexually transmitted diseases. The preliminary findings show that reported condom use has increased in these projects.

41. In order to provide countries with the best guidance in the design, implementation and assessment of interventions for men who have sexual relations with other men, a "Guide for interventions for HIV/AIDS risk reduction among men who have sex with men" has been produced and is currently being field-tested.

42. A "Guide on AIDS prevention and control interventions among injecting drug users and their sex partners" has been drafted. Assessment visits for possible field-testing have taken place in China, India, Sri Lanka and other sites. An interregional workshop took place in October 1991 at which a multi-country initiative was launched with the aim of reducing the risk of HIV transmission involving injecting drug users in countries close to opium-cultivating and heroin-producing areas in Asia. The importance of including education on AIDS and drug abuse in the school system in these countries was strongly emphasized, and national AIDS programmes were encouraged to identify and provide support to areas of highest risk.

Youth and the general public

43. In order to provide the best guidance to national AIDS programmes on AIDS education for the general public, intervention planning and evaluation material is being prepared and tested. This includes a "Guide for evaluation of AIDS health promotion programmes" and a guide on "Planning condom promotion for AIDS prevention" (for health educators, non-governmental organizations and social marketing specialists). A review of condom social marketing for AIDS prevention in developing countries has been compiled. It analyses such variables as volume of condoms sold, budget, target population and coverage. Preliminary findings show large increases in volume of condoms sold, but overall coverage still lags far behind projected needs and demands.

44. The findings, so far, of the evaluation of five joint pilot projects of WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) on school AIDS education suggest that curriculum-based interventions are effective in increasing the knowledge level of students and promoting positive attitudes by students and their families involved in the educational process. The interventions were less effective than expected in developing preventive skills among students. A guide for school health education to prevent AIDS and sexually transmitted diseases, for use by policy makers and planners of education programmes is in press. Together with the League of Red Cross and Red Crescent Societies and the World Organization of the Scout Movement, GPA provided support for a series of projects to study the role of youth groups, organizations, and associations in promoting safer sex practices among young people out of school. GPA is providing support to the Young Women's Christian Association (YWCA) programme in Botswana for the expansion and evaluation of a peer education project for young girls and boys.

Health care and support

45. Material has been prepared to assist countries in applying optimal diagnostic and treatment methods for people with HIV/AIDS, including clinical management guidelines on HIV in adults and children, and a set of clinical slides with text. The adaptation and implementation of this guidance material has been field-tested through national consensus and planning workshops in Barbados, Burundi and Malawi.

46. A study on the feasibility of preventive chemotherapy with isoniazid for persons infected with Mycobacterium tuberculosis and HIV is under way and will provide information on the practical aspects and cost-effectiveness of this approach to prevention of symptomatic illness in HIV-infected persons. In accordance with recommendations from a WHO consultation on the prevention of HIV and hepatitis B virus transmission in the health-care setting, guidelines for control of infection in health-care settings in developing countries have been prepared and are being finalized.

47. The publication Guidelines for Counselling about HIV Infection and Disease was issued; 1/ "Guidelines for developing and maintaining counselling activities" and a manual for use in HIV/AIDS counselling training workshops are being finalized.

48. In many countries, home care and community-based care are being tried, to provide adequate care for persons with HIV/AIDS. An intercountry workshop on HIV/AIDS community-based care took place in Uganda, in collaboration with the Commonwealth Secretariat; participants reviewed care models most applicable to their own situations, prepared related workplans, and focused on ways of providing community-based care for persons with HIV/AIDS through primary health care. With "Action Aid", support was provided for the production of a video film, made in Uganda, for use in increasing awareness in different ministries and donor agencies about "orphans and AIDS".

Social and behavioural studies and support

49. Following the recommendations of the GPA Management Committee, a Social and Behavioural Studies and Support unit was established in July 1991, with responsibility for general direction and coordination in the areas of social and behavioural research. In September 1991, the newly created Steering Committee on Social and Behavioural Research met for the first time. It identified three high-priority areas: (a) coping with the HIV pandemic; (b) preventing HIV infection; and (c) social and behavioural issues in biomedical research and training.

50. A number of activities in 1991 related to the various surveys on knowledge, attitudes, beliefs and practices (KABP) concerning AIDS and sexual behaviour that had been initiated in previous years. An effort is being made rapidly to analyse and summarize the most relevant results of these surveys. In addition, an evaluation of the quality of prior survey data is under way and a study has commenced of reliability and validity. A report on a series of studies on homosexuality was completed.

H. Research

Clinical research and drug development

51. In May 1991, WHO organized a meeting on AIDS drug and vaccine supply, which brought together 35 participants, members of the International Pharmaceutical Manufacturers Associations (IFPMA), and of the United States Pharmaceutical Manufacturers Associations (USPMA) representing 18 major research-based pharmaceutical companies. This landmark meeting, co-sponsored by the United Nations Development Programme (UNDP), began an ongoing dialogue with the pharmaceutical industry to develop approaches to facilitating global access to affordable, safe and effective drugs and vaccines for HIV/AIDS. In response to the meeting's recommendation, the Director-General established two WHO-IFPMA working groups, one on drugs and the other on vaccines, which met in October 1991 and agreed upon their terms of reference and potential areas for collaboration. The outcome of the discussions at subsequent meetings of the working groups will be presented at the second meeting on AIDS drug and vaccine supply scheduled for June 1992.

52. The Steering Committee on Clinical Research and Drug Development, at its first meeting in June 1991, established research priorities, developed a strategy for drug development and agreed upon criteria for the selection of drugs for clinical trials in developing countries. A WHO multicentre randomized double-blind placebo-controlled study was begun in Uganda to evaluate the efficacy of low-dose administration of interferon alpha, a potential anti-retroviral drug currently being used in Africa.

53. The increase in AIDS-related tuberculosis points to a parallel epidemic. Six studies on tuberculosis and HIV infection are receiving support under GPA and WHO's tuberculosis programme. Priority is being given to studies to investigate prophylactic regimens for the prevention of tuberculosis in HIV-infected adults and children. A two-stage study to assess the safety and efficacy of a vaginal spermicide which in vitro investigation shows to have anti-HIV activity is ready to be implemented in Africa and Asia. Studies on the natural history of HIV infection are being conducted in collaboration with research institutions throughout the world on established cohorts of HIV-infected persons.

Vaccine development

54. Vaccine development in 1991 proceeded in three areas: monitoring of advances; selection and strengthening of sites for vaccine evaluation; and establishment of a global network for HIV isolation and characterization. The Steering Committee on HIV Vaccine Development, at its first meeting in May 1991, adopted the "WHO strategy for AIDS vaccine development", which specifies tasks in developing, testing, and ensuring availability of preventive, therapeutic and perinatal HIV vaccines. During its second meeting in September 1991, the Steering Committee selected four developing countries (Brazil, Rwanda, Thailand and Uganda) from among 14 visited by GPA teams to assess their potential for future large-scale efficacy trials of HIV

vaccines. The Steering Committee also selected a number of laboratories in developing and industrialized countries to join the "WHO network for HIV isolation and characterization". Standard guidelines for HIV isolation were developed and are being used to collect geographically representative strains of HIV from potential vaccine evaluation sites in developing countries.

Diagnostics

55. The Steering Committee on Diagnostics held its first meeting in May 1991 and endorsed the current and planned activities. Support is being provided to WHO collaborating centres on AIDS for the evaluation of commercially available HIV assays, including rapid and simple tests and combined assays for detecting HIV-1 and HIV-2 antibodies. More than 40 assays have been evaluated and results of the evaluation, including sensitivity and specificity values, have been provided to countries in a series of reports. Evaluation of more than 10 commercial HTLV-I/II assays is also being carried out at the WHO collaborating centre on human retroviruses and associated diseases (Kagoshima University, Japan).

56. A number of strategies for reducing the cost of both screening for HIV and confirmation of HIV infection are being developed. The new strategies include screening of pooled sera in blood banks, epidemiological surveillance, an alternative approach to reduce the use of the "western blot" technique for confirmation to a minimum, and bulk purchasing of HIV diagnostic assays provided by WHO to national AIDS programmes. A WHO external quality assessment programme has been set up with the participation of more than 150 national reference laboratories throughout the world.

Epidemiological research, surveillance and forecasting

57. At its meeting in May 1991, the Steering Committee on Epidemiological Research, Surveillance and Forecasting endorsed epidemiological research and surveillance activities in four areas: research on risk factors for HIV transmission; research on mother-to-fetus/infant transmission of HIV; development/refinement of epidemiological surveillance and forecasting methods; and research on condom and virucide efficacy.

58. A pilot intervention study to evaluate the risk of HIV transmission due to genital ulcerative disease was begun in Zimbabwe. A WHO multicentre research study on the risk of HIV transmission in paediatric care units in developing countries is receiving support in Rwanda, Uganda, the United Republic of Tanzania and Zambia. WHO is providing support for a multicentre research study to evaluate the risk of occupational exposure to HIV among nurse/midwives and traditional birth attendants in Uganda and Zambia. A study in Zambia is evaluating the impact of occupational risk of HIV on the retention of nursing personnel involved in bedside care.

59. GPA and the Special Programme of Research, Development and Research Training in Human Reproduction are collaborating in two longitudinal studies on mother-to-fetus/infant transmission of HIV-1 that are receiving support in

Uganda and Zimbabwe, and in the development of a third study in the Gambia on perinatal transmission of HIV-2. WHO support is also being provided to perinatal transmission studies in Congo and Zaire to evaluate the relationship between the glycoprotein gp120 and perinatal transmission of HIV.

60. Technical support to member States in implementing or strengthening sentinel HIV surveillance has been provided to over 100 countries since 1989. A pool of more than 50 trainers in sentinel HIV surveillance are being made available to help provide this support. Three workshops on HIV/AIDS surveillance data management were held in 1991 in the African and Eastern Mediterranean regions using software (Epi-Info, Epi-Model, Epi-Map) developed in collaboration with the Centers for Disease Control and provided to all member States.

III. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

A. Activities undertaken by the World Health Organization in collaboration with organizations and specialized agencies of the United Nations system

61. Coordination is facilitated through the United Nations Steering Committee, chaired by the Under-Secretary-General for International Economic and Social Affairs (now the Department for Economic and Social Development) through the Standing Committee of United Nations AIDS Focal Points convened by UNDP, and through the Inter-Agency Advisory Group on AIDS (IAAG), established by WHO with the support of the Administrative Committee on Coordination (ACC) to coordinate the AIDS activities of the entire United Nations system. At its annual meeting in December 1991, IAAG received reports from the agencies on their contribution to the implementation of the global AIDS strategy, including activities in relation to "women and AIDS", and reviewed action taken on the implementation of its recommendations (concerning the impact of AIDS on the personnel, social welfare and operational policies of the system) that ACC accepted in April 1991. In addition to technical collaboration for specific activities and the regular meetings of IAAG, WHO has held a series of discussions with the organizations of the United Nations system that are principally involved in AIDS prevention and control at country level - UNICEF, UNDP, UNESCO, United Nations Population Fund (UNFPA) and the World Bank.

62. A report by the Director-General on progress in implementing the global AIDS strategy was submitted to the General Assembly at its forty-sixth session through the Economic and Social Council (A/46/171). At its session in July 1991 the Council adopted resolution 1991/66, expressing concern that there was a growing gap between the resources required for AIDS prevention and control and the funding available, and urging all organizations of the United Nations system to mobilize moral, technical and financial resources and to increase and sustain national multisectoral efforts for AIDS prevention and control. In December 1991 the Assembly adopted resolution 46/203 which recognized, inter alia, that the response to the pandemic must be multisectoral in order effectively to mitigate the social and economic consequences of AIDS, and that all sectors of society must be mobilized in

support of national programmes to provide support, care, education, counselling and resources to combat AIDS.

63. UNDP continued to provide support to country programmes within the framework of the WHO/UNDP Alliance to Combat AIDS. It also provided over US$ 5.5 million to the WHO Trust Fund for GPA in support of national AIDS programmes in 22 countries, which constituted 10 per cent of all resources available from the Trust Fund for country-level activities. UNDP also continued to provide a financing facility of US$ 2 million to enable WHO to allocate funds for country activities against pledged, but undisbursed, contributions. UNDP assisted in the integration of national AIDS plans with overall developmental policies and priorities at the country level. UNDP continued its support to the WHO Global Blood Safety Initiative in 1991 with an additional contribution of US$ 282,000. In addition UNDP co-sponsored the meeting organized by WHO in May 1991 on AIDS drug and vaccine supply (see para. 51).

64. WHO collaborated with UNICEF in conducting a meeting in May 1991 on the care and support of children of HIV-infected parents; the report describes the magnitude of the problem, strategies for meeting the needs of children of HIV-infected parents, and the role of non-governmental organizations. AIDS was on the agenda of a UNICEF/WHO intersecretariat meeting in September 1991, which reviewed a joint document on follow-up to the World Summit for Children prepared for the next session of the WHO/UNICEF Joint Committee on Health Policy. Discussions are under way with UNICEF on collaborative activities to prevent HIV transmission among youth.

65. WHO is collaborating with UNESCO in providing support for a series of seven pilot projects gathering knowledge to help determine the best approaches to the prevention of HIV in different educational settings; these are currently being implemented and evaluated. Interventions and evaluations have been completed in Ethiopia, and are under way in Mauritius, Sierra Leone and in 15 countries in the Pacific. Those in Jamaica, United Republic of Tanzania and Venezuela are in the implementation phase. The WHO/UNESCO Guide for School Health Education to Prevent AIDS and Sexually Transmitted Disease, which was prepared in the course of these activities, is in press (see also para. 44).

66. WHO and UNFPA continued their technical cooperation in programme and project development, particularly for the inclusion of AIDS prevention activities in maternal and child health and family planning programmes. WHO has been collaborating with UNFPA in its work on studying contraceptive requirements in developing countries in the 1990s, with specific emphasis on the requirements for condoms in view of the HIV/AIDS pandemic. WHO participated regularly in meetings of the working group convened by UNFPA on this subject, which stressed the important role of WHO in formulating policy guidance for countries in calculating their condom requirements for both family planning and AIDS-prevention purposes and including them in the national AIDS programmes. In this connection, WHO submitted a progress report on its development of methodologies for estimating condom needs for STD/HIV

prevention to the UNFPA Consultative Group on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s, which will meet in May 1992. UNFPA participated in the two inter-agency consultations convened by WHO in 1991 to coordinate the efforts of international agencies in the area of condom procurement and supply.

67. In early 1991 WHO alerted the World Bank to the alarming situation that was developing in Asia in the context of AIDS. As a result, the World Bank invited WHO to participate in its preappraisal mission to India in August/September 1991 to consider support to the national AIDS programme. Subsequent negotiations resulted in a five-year loan from the World Bank to the Government of India in the amount of US$ 85 million, which was signed in April 1992. The technical content of the project was elaborated with the support of WHO. WHO participated in a special session on AIDS at the annual World Bank/International Monetary Fund meeting, held in Thailand in October 1991, which focused on the potential economic impact of the pandemic.

68. The World Bank continued to provide its annual contribution of US$ 1 million to AIDS-related collaborative research carried out with the WHO Special Programmes for Research and Training in Tropical Diseases and for Research, Development and Research Training in Human Reproduction, and in the WHO Tuberculosis Programme.

B. Other activities carried out by organizations and specialized agencies of the United Nations system

69. The following paragraphs are based on contributions from the organizations carrying out the respective activities.

70. A publication entitled the AIDS Epidemic and its Demographic Consequences was issued jointly by the United Nations and WHO in 1991. 2/ It contained a summary of the discussions and papers presented, as well as the results of a workshop convened in December 1989 by the former Department of International Economic and Social Affairs (now a part of the Department of Economic and Social Development) in collaboration with WHO to assess different models of the demographic impact of the AIDS pandemic and whether they provided the information necessary for appropriate health policy formulation and implementation.

71. The Department of Economic and Social Development is planning to conduct a study on the socio-economic impact of AIDS in developing countries during the course of 1992. The purpose of the analysis is to carry out, in collaboration with WHO, UNDP, the World Bank and other interested organizations of the United Nations system, an assessment of the potential socio-economic impact of HIV/AIDS on key economic sectors and informal sectors in developing countries in specific geographic regions. Particular attention will be given to workforce requirements in order to estimate sector-specific losses in productivity due to AIDS-related illnesses and to derived impact on family incomes and structures. Sections on HIV/AIDS and its socio-economic

implications have been included in Report on the World Social Situation 3/ and the Overall Socio-economic Perspectives of the World Economy to the Year 2000, 4/ both published by the Department.

72. The Economic and Social Commissions for Asia and the Pacific (ESCAP) and for Latin America and the Caribbean (ECLAC), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the Department of Public Information also reported AIDS-related activities during this period, carried out within the policy framework of the global AIDS strategy.

73. The United Nations University (UNU) will publish in 1992 a manual entitled AIDS Rapid Assessment Procedures (RAP). The methodology used in the manual has been adapted from research completed on the development of RAP for the assessment of nutrition and primary health care projects. Another publication on the application of RAP, which will be published soon, deals with anthropological qualitative techniques that are suitable for collecting detailed and sensitive data from special groups vulnerable to AIDS.

74. The United Nations Medical Director, in conjunction with other medical directors of the United Nations system, reviews annually the established medical standards and guidelines for employment of HIV-positive and AIDS-infected individuals to ensure that they are consistent with WHO's policies in this area. In 1992, the United Nations Medical and Employees Assistance Division will provide training for supervisors to educate them on implementing a personnel policy which is non-discriminatory and in line with the policy adopted by ACC in April 1991 following recommendations of IAAG. Counselling of HIV-positive and AIDS-infected staff members and any other staff seeking advice, is provided through private consultations with a medical officer or a nurse. Information materials on AIDS and HIV infection are also made available to staff members in the form of pamphlets, handbooks etc. including the booklet on AIDS and HIV infection produced by WHO at the request of the IAAG member organizations for United Nations staff members and their families.

75. In 1991, the International Research and Training Institute for the Advancement of Women (INSTRAW) prepared two major proposals for research activities on the topic of women and AIDS: the first, entitled "Women and AIDS, a new dimension to discrimination", identified certain areas of research, which are crucial for the understanding of long-term effects of women's HIV/AIDS infection and their consequences for the family and society as a whole. The study will be disseminated throughout the United Nations system and to government agencies, research institutes and universities in order to stimulate further research; the second entitled "Women and society against AIDS: mobilizing resources for preventive action in developing countries" will concern action-oriented research, training and information activities related to women at the national level, with the aim of strengthening national women's machineries and groups to formulate and implement a plan of action. The Institute is also proposing a pilot project to mobilize human and financial resources for a study on the impact of AIDS on

women to be conducted in three Caribbean countries, with a view to extending the project to the rest of the Caribbean and the Latin American region.

76. The Division for the Advancement of Women of the United Nations Office at Vienna has continued to promote the concept that more women are affected than infected by HIV through relating inequality in status between women and men to the risk of infection or its consequences. The conclusions and recommendations of an expert group meeting organized on this subject in September 1990 were endorsed by the Commission on the Status of Women at its thirty-fifth session in 1991 in its resolution 35/5 on women and the prevention and control of AIDS. Previous work is now being carried further through gender analysis, and extrabudgetary funds are being sought to organize subregional seminars in developing countries on the role of national machinery for the advancement of women. The results will be brought to the attention of the Commission on the Status of Women under its priority theme of development in 1994. The Division has provided technical assistance to national machinery for the advancement of women in several regions for the preparation of a social response to the epidemic.

77. In 1991, the Crime Prevention and Criminal Justice Branch started work on the elaboration of guidelines for the institutional and clinical management of HIV-infected prisoners and those with AIDS, as mandated by the Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders in its resolution No. 18 on infection with HIV and AIDS in prison. The issue of AIDS and the criminal justice system was also addressed in various training seminars dealing with the implementation of United Nations norms and guidelines, inter alia, the United Nations Standard Minimum Rules for the Treatment of Prisoners and the United Nations Code of Conduct for Law Enforcement Officials.

78. The Second Ad Hoc Inter-Agency Meeting on International Year of the Family (IYF), held on 5 and 6 March 1992, discussed the impact of AIDS on the family and how to enhance AIDS prevention within the family. A paper on AIDS and the family, as a joint publication of WHO and the United Nations Office at Vienna is planned for the 1992-1993 biennium. The Youth Policies and Programmes Unit of the United Nations Office at Vienna is collaborating with the World Assembly of Youth (WAY) to prepare a technical publication entitled Youth and AIDS: Strategy for Information and Educational Programmes on AIDS. The publication will include a qualitative and quantitative description of the impact of AIDS on youth. It will underline the importance of adequate information and effective educational programmes for young people as a means of AIDS prevention and control.

79. The Secretariat of the International Narcotics Control Board undertook a study on the legal environment of the interface between drug control and HIV/AIDS, on which a final report was prepared. The United Nations Drug Control Programme (UNDCP) included a question on HIV prevalence in the questionnaire requesting data from Member States for its International Drug Abuse Assessment System. An AIDS component has been incorporated into two projects in Thailand, one on development of a drug dependence treatment system

for hill tribal communities and the other on training for primary health-care workers. The former aims to help disseminate information about AIDS to both lowland and hill tribal communities through an active preventive education campaign, which is culturally appropriate for the villagers living in those areas. The development of other activities in this area is being explored in consultation with WHO, and a more extensive contribution to the report of the Secretary-General to the forty-seventh session of the General Assembly can be expected.

80. The Centre for Human Rights remains actively involved in the human rights protection of HIV-infected people and people suffering from AIDS. As already mentioned in paragraph 18 above, the Special Rapporteur of the Sub-Commission on Prevention of Discrimination and Protection of Minorities, appointed to undertake a study on discrimination against HIV-infected people or people with AIDS, presented his progress report (E/CN.4/Sub.2/1991/10) in August 1991 to the forty-third session of the Sub-Commission. The report focused inter alia on the consequences of discriminatory practices to which HIV-infected people or people with AIDS were subjected and addressed the complex question of whether the adoption of new international instruments would enhance the protection of that category of people, pointing out that the international community already had the instruments needed to guarantee the right to non-discrimination, and that the rules of humanitarian law were powerless to combat discrimination and were of little assistance in promoting public health. The Sub-Commission subsequently adopted decision 1991/109, in which it requested the Special Rapporteur to submit the final report to it at its forty-fourth session in 1992.

81. The Centre for Human Rights participated in the Global Expert Meeting on AIDS, organized in May 1991 by the International Association of Rights and Humanity and the University of Limburg in the Netherlands, which brought together human rights lawyers, public health experts, ethicists and theologians of different faiths to discuss the principles of human rights, ethics and humanity which should guide all programmes and action relating to HIV and AIDS. The meeting established broad agreement on a number of points regarding these principles, which may be useful in guiding national and local AIDS programmes. The Centre also participated in an informal consultation on HIV/AIDS and Short-Term Travel Restrictions, organized by WHO at Geneva in December 1991 (see para. 16).

82. In June 1991, the UNDP Governing Council adopted the Policy Framework for the Response of UNDP to HIV/AIDS (DP/1991/57). The policy seeks to clarify and communicate UNDP's responsibilities with respect to the epidemic within the framework of the Global Strategy on AIDS and the WHO/UNDP Alliance to Combat AIDS. The policy framework indicates in detail the goals and the priorities of UNDP, and the mechanisms for programme delivery at country, regional, interregional and global levels. It establishes a set of guiding principles and specific mandates for policy development, which include increased understanding of the development implications of the epidemic; support to community-based programmes and programmes for women; and strengthening of national capacity to minimize the adverse effects of the

epidemic. In January 1992 UNDP established an HIV and Development Programme to strengthen UNDP's efforts to increase global awareness of the threat posed by the epidemic, as well as national capacity to respond to those challenges to human development. The Programme, which is located in the Division for Global and Interregional Programmes, is responsible for coordinating and providing policy and programming guidelines for UNDP's work in the field. UNDP continued to provide project and programme assistance to national HIV/AIDS programmes in over 50 countries; it is the largest single contributor to national AIDS plans, which to date have been either executed by WHO or nationally executed. Programme development has increasingly drawn upon non-IPF sources of funding and human resources provided by United Nations Volunteer specialists and by the TOKTEN and TCDC programmes. In coordination with WHO and other agencies of the United Nations system, programme missions have been undertaken in a number of countries in every region of the world. Country-level workshops on HIV and development are being developed with the primary target groups being senior government officials, UNDP and other United Nations agency staff.

83. The policy framework directs UNDP to ensure that prevention, care and treatment programmes are available for women. UNDP has undertaken the preparation of a number of papers and articles on gender issues arising from the epidemic, as well as the development of gender-sensitive policies and programmes. Research has included a critical examination of the status of women's health and genital health in particular, patterns of economic dependency and the increasing burdens of women as primary care givers.

84. UNDP has consulted with a wide range of partners, including non-governmental organizations and community-based organizations, e.g., in 1991, in collaboration with a number of non-governmental organizations. UNDP conducted a programme development workshop on the role of communities in encouraging behaviour change. In-country workshops on the impact of HIV and development for community-based groups and non-governmental organizations are being planned.

85. The primary focus of UNDP's activities and assistance in regard to the HIV epidemic has been directed towards increasing awareness of the implications of the epidemic on all areas of human development. Through a wide range of initiatives UNDP continued to increase understanding of the nature of the HIV/AIDS epidemic, of the complexity and seriousness of its impact on all aspects of economic and social development, and of the need for urgent, effective action. Workshops have been held on the human development implications of the epidemic, including training of trainers and the preparation and pre-testing of workshop materials. A Handbook for field offices is being developed to assist staff in addressing the repercussions for development and the many policy and programming challenges for governments, donors, non-governmental organizations and others, and to assist with HIV-related programming, coordination and resource mobilization. Preparations are under way for the distribution of a series of research and discussion papers, a book charting personal reflections on the impact of the epidemic and

other documents. A bibliographic service which will provide field offices and countries with current research on HIV and development is being developed.

86. UNDP conducted four subregional meetings in sub-Saharan Africa in 1991 to bring together ministers of planning and other key sectors and senior United Nations staff to discuss, inter alia, the development implications of HIV/AIDS. The UNDP Regional Project in Asia and the Pacific has conducted a series of national and regional workshops on the development dimensions of the epidemic. Discipline-specific workshops and curriculum development for strengthening the capacity of key professionals to respond to the epidemic were initiated. The primary focus in 1992 will be on economists and lawyers, primarily in Africa, and in Asia and the Pacific, development non-governmental organizations, and community development specialists. The primary focus for awareness creation in 1992 will be in Asia and the Pacific, and in Latin America and the Caribbean. Efforts will be made to raise awareness in each country of key players (politicians, bureaucrats, the media, community leaders and others) to the multiple threats posed to families and societies by the epidemic.

87. The UNICEF Interregional Programme to address the impact of AIDS on women and children, established in 1990, has supported a wide range of education, advocacy and policy efforts on AIDS, as well as research efforts, including studies on AIDS orphans and the development of community-based risk assessment and prevention methodologies for use by UNICEF field offices and others. The Interregional Programme also financed an audio-video production of prevention education materials and provided technical and other assistance to promote information and experience on street children, AIDS orphans and homeless youth. Country allocations from the Interregional Programme were made to Kenya, Madagascar, Mexico, Niger, Uganda and Zimbabwe in 1991 and, in addition, country programme resources have been used to expand UNICEF's participation in HIV/AIDS programming in an increasing number of countries.

88. AIDS prevention education activities comprise the major focus of UNICEF support. Support for school health education on AIDS prevention includes surveys of students', parents' and teachers' knowledge and attitudes about AIDS; curriculum development; production of educational materials; training of teachers; school drama groups; and project evaluation. For example, in Uganda, as of the end of 1991, an estimated 2,175 teachers were trained and 30,000 primary syllabus copies were produced, while in Burundi, AIDS education is now being extended to reach 180,000 children in the fifth and sixth grades at the primary level. UNICEF also supported educational activities targeted at out-of-school youth in both urban and rural areas. In Rwanda, for example, trainers were trained to help youth spread messages to peers in rural areas in six experimental zones. In Burundi, over 800,000 youth will be the targets of special education efforts through communicators and video theatre. In Thailand, UNICEF developed an educational package on AIDS prevention and on living with AIDS, for factory youth. In Trinidad and Tobago, in-school and out-of-school young people have received UNICEF-sponsored education through the "Body Beat" television series, a six-part soap opera about AIDS.

89. The vulnerability of street children to HIV infection because of substance abuse or the exchange of sex for food, cash, shelter or affection is now widely understood. NGOs report a high prevalence of sexually transmitted diseases (STDs) in street children and many annual reports from UNICEF field offices received in 1991 stress the need for systematic studies of street children populations. A number of UNICEF-supported activities are under way. For example, in Côte d'Ivoire UNICEF and local non-governmental organizations are training teams of street educators about sexually transmitted diseases (STDs) and HIV/AIDS, and in Rwanda, UNICEF supports the joint efforts of several government ministries and other organizations, such as Caritas Internationalis, the Scouts, and Brothers of Christian Schools, in offering special training for youth workers. UNICEF-supported activities for street children are emphasized in a number of countries throughout the Americas and Caribbean regions, including Haiti, where the Ministry of Social Affairs, with the support of UNICEF, has started AIDS education for street children in Port-au-Prince, Peiton-Ville, Carrefour and Delmas.

90. UNICEF-supported community education activities have taken a variety of forms in many different countries. In Kenya, UNICEF supports the Christian Health Association's AIDS Prevention Project, which creates awareness among staff of mission hospitals, opinion leaders, community health workers, clergy, youth groups, and primary and secondary schoolteachers. Working with soft drink distributors, trucking firms and petroleum distributors, UNICEF-assisted activities in Kenya have also demonstrated the willingness of the private sector to use new approaches to reach groups considered difficult to reach.

91. UNICEF's first large-scale response to the AIDS orphan problem was initiated in Uganda through support to a national coalition of non-governmental organizations to strengthen the Government's capacity to enumerate orphans and to monitor their well-being. In a number of countries, including Kenya, where reports of HIV-infected babies being abandoned in hospitals are increasing, and in the United Republic of Tanzania, where a study in the AIDS-affected Kagera District revealed over 48,000 orphans, UNICEF provided technical teams to develop strategies for community care. To assimilate experience gained by African Governments and non-governmental organizations in long-term child care for abandoned or orphaned children, UNICEF has supported technical consultations and other exchange of experience among government counterparts, experts of non-governmental organizations and WHO and UNICEF staff in the fields of child welfare, health and community organizations. Recognizing the socio-economic impact of AIDS at both the family level and the national level, UNICEF has begun to support important efforts of government and non-governmental organizations to care for AIDS-affected individuals and families. For example, in Kenya, funds enabled the Christian Health Association of Kenya to establish family support teams, facilitated the establishment of a working group on advocacy and support for families affected by AIDS in Nairobi, and supported the training of AIDS counsellors and the development of income-generating mechanisms. UNICEF also provided support to the Society for Women against AIDS in Africa in their efforts to train home-care volunteers to assist families in distress. In Haiti, UNICEF sponsored a workshop to analyse the situation of children and

adolescents affected by AIDS and provided technical assistance to a National Seminar on AIDS and Women to create a structure for the control of AIDS by and for women at the regional level.

92. The World Food Programme (WFP) provides a large volume of food to emergencies, including refugees, and for development purposes. Development projects include assistance to poor sections of the population, who are nutritionally at risk (vulnerable groups). Increasingly these groups include persons with AIDS, i.e., people infected, but also, on a growing scale, other family members, particularly orphans. Currently, WFP supports the following types of activities to assist AIDS victims: relief to households with high dependency ratios; feeding of hospital patients, either as budgetary support to the hospital if it provides meals, or as take-home rations to the patients' families who bring meals; feeding of children in orphanages; support for acquiring education or income-generating skills for dependants or potential victims, and support for health or social counsellors while in training. During 1991, WFP supported these types of activities in the following countries: United Republic of Tanzania, Zambia, Uganda (through TASO and other local non-governmental organizations), Rwanda and the Dominican Republic (also through a local organization). WFP country offices have been encouraged to seek opportunities of providing support through local non-governmental organizations to AIDS-affected families and have received a special delegation of authority (commitment of food up to US$ 200,000) for this purpose.

93. During 1991, UNFPA continued to strengthen its support for HIV/AIDS prevention activities in many countries in all regions of the world. In accordance with its "Guidelines" issued in 1988, UNFPA support focused on the following: (a) inclusion of AIDS-related components in population education, sex education, health education and family planning education and communication programmes; (b) preventive counselling on AIDS and the widespread distribution of condoms as part of maternal and child health family planning (MCH/FP) service programmes; (c) the inclusion of AIDS education and information components into all pertinent training programmes, particularly those for MCH/FP service providers; and (d) socio-demographic, operational and biomedical research. The support is closely coordinated with the work of other agencies and organizations, and is provided in line with national AIDS prevention policies and programmes and within the overall WHO global strategy for AIDS prevention and control. The main focus of UNFPA's AIDS prevention work is at the country level. In 31 countries UNFPA has supported a wide range of information, education and communication (IEC) activities focusing on AIDS prevention and control. These activities include radio campaigns to raise AIDS awareness among youth and women; production of AIDS/STD video films and other informational materials; and AIDS seminars for specific population groups. AIDS prevention modules have been integrated into in-school and out-of-school education programmes in 41 countries. Condoms for AIDS prevention have been distributed through UNFPA projects in 30 countries, either by direct supply or from other sources, and distributed through UNFPA-supported MCH/FP service delivery channels. AIDS prevention training was supported in 38 countries and included pre-service and in-service training for MCH/FP workers, health-care providers, counsellors and IEC personnel. The

inclusion of AIDS prevention activities in the women's sector was given increasing attention, e.g., support to a project in Mozambique which provided training to women's organizations and trainers of mobilizers (so far 800 women from all parts of the country have been trained), and to a women's training project in Haiti which included training on sex education and AIDS prevention.

94. During the period 1988-1991, UNFPA contributed US$ 466,973 to the WHO Global Programme on AIDS through an interregional project, whose objective was to promote the incorporation of AIDS prevention components into MCH/FP programmes. Activities included: the provision of technical assistance to a number of countries, notably Malawi, Nigeria, Thailand, Uganda and the United Republic of Tanzania; the training and sensitization of country, regional and headquarters staff of a number of agencies including UNFPA, WHO and UNICEF on issues regarding family planning and AIDS; and the development and wide distribution of a number of information documents including AIDS Prevention Guidelines for MCH/FP Programme Managers: vol. I. AIDS and Family Planning; and vol. II. AIDS and Maternal and Child Health. Other regional activities included support to the integration of AIDS components (training and dissemination of information on AIDS prevention) into the PAHO regional MCH/FP technical assistance programme, and to participants from the Sudan and Morocco for their attendance at international conferences on AIDS education.

95. The principles governing UNHCR policies are explicitly explained in the widely distributed UNHCR document, "UNHCR policy and guidelines regarding refugee protection and assistance and AIDS", issued in 1988. UNHCR AIDS prevention and control activities are implemented by operational partners, mainly non-governmental organizations and ministries of health, within the framework of the national AIDS programmes. In 1991, these included the production of education materials, the provision of counselling services as well as individual and family support for HIV-seropositive persons and AIDS patients, occupational safety for health workers, confidentiality aspects of screening results in terms of admission to a country of first asylum, and treatment of patients with AIDS. Programmes were developed on the basis that refugees should not be singled out for AIDS control measures; rather, they should benefit from whatever preventive services are offered to local nationals. In some instances these were seen to be inadequate, owing to a generalized underdevelopment of health and social services in the refugee-hosting area. In consequence, UNHCR and its implementing partners approached WHO in concert with the ministries of health to seek operational and financial assistance in order to provide AIDS prevention at an acceptable standard, for both nationals and refugees, on an integrated and equal basis.

96. ILO has been concerned with the potential impact of the HIV/AIDS pandemic on the rights and welfare of workers, attention focusing primarily on averting any threats to the rights of workers, including employment rights, and on safeguarding the health and safety of workers in the health care and other sectors. In this connection, it responded to questions from workers' and employers' organizations in accordance with the reports and consensus statements produced by the WHO/ILO consultations on AIDS and the Workplace, on AIDS and Seafarers, and on action to be taken after occupational exposure of

Health Care Workers to HIV. ILO supported a project in Thailand, in cooperation with the Thai trade union movement, which focused on information and education campaigns in the workplace. ILO is exploring the methods of collection of information on a systematic basis regarding national laws and practices concerning discrimination at the workplace in relation to persons infected with HIV or suffering from AIDS. Possibly a meeting of experts might be held in 1994-1995 to consider this question.

97. FAO has continued its work on the socio-economic impact of AIDS in the agricultural sector and rural populations, with an initial focus on Central Africa. This work built on the country case-studies completed in 1989. It has three objectives: the first, to refine the impact assessment methodology; the second, to estimate the nature and magnitude of the impacts; and thirdly, to identify policy options for affected countries, and how donors may assist them to respond effectively. There were two notable outputs of this work in 1991. The first was the completion in April by a consultant of a report on the potential impact of AIDS on agricultural production and consumption in Malawi. This report, pending approval of the Government of Malawi, will be published. The second output was the presentation of a paper "Socio-economic impact of AIDS on food production in East Africa" to the VII International Conference on AIDS, held in Florence in June 1991.

98. The long-term objective of UNESCO's education programme for AIDS prevention is to provide technical assistance to member States and non-governmental organizations to develop and implement education strategies for AIDS prevention, adapted to their different socio-cultural contexts. Cooperation with WHO has been in the area of formal school education and the establishment at UNESCO headquarters of a School Education Resource Centre. This Centre now contains more than 1,500 documents, 100 video films and 300 posters, all managed by a computerized data bank. As mentioned in paragraphs 44 and 65 above, the joint pilot projects on school AIDS education are being evaluated to determine the best approaches to the prevention of HIV in different educational settings. In 1992, GPA will undertake a study of the impact of HIV/AIDS on education and organize training courses for officials of ministries of education regarding the need to provide AIDS prevention education. The UNESCO programme for basic sciences began research on the the following topics: complementary vaccines against mycoplasm proteins, antibiotics against mycoplasm, cytokines as immuno-modulators, and cytotoxic cells. It organized a symposium on virology, immunology and society in Kiev in April 1991. A technical report was published on the summary results of scientific and medical research concerning prevention and treatment of AIDS. The UNESCO programme for social and human sciences was responsible for the "Venice Appeal" launched by its Director-General in April 1991. The Appeal, signed by different religious organizations and by representatives from the worlds of culture, industry and sport, aims to mobilize public opinion regarding the social and cultural implications of the AIDS pandemic. Activities will include the strengthening of research and the care of AIDS orphans, especially in Africa.

99. The World Bank has carried out the following activities in the African region: a study to develop a rapid, cost-effective methodology for assessing the prevalence of sexually transmitted diseases (STDs) in the general population and selected high-risk groups in sub-Saharan Africa was undertaken in collaboration with WHO in Senegal and Uganda. A further study, also conducted in collaboration with WHO examined existing African experiences in the fields of communication and learning relevant to AIDS prevention and control, which involved influencing attitudes and achieving behaviour change on a large scale in a broad cross-section of adult and adolescent populations. The study of the HIV epidemic in the United Republic of Tanzania assessed the importance of HIV infection in relation to other health and development activities, and estimated the cost and probable effectiveness of alternative interventions to prevent the spread or mitigate the impact of the disease. The study is intended to provide decision makers with improved information for the allocation of resources at the local level as they integrate AIDS prevention and control into primary health care. Findings will be incorporated into two health projects in the United Republic of Tanzania, both of which include important components for strengthening health care delivery at the district level. This study is a joint undertaking of the Government of the United Republic of Tanzania, WHO and the World Bank. The sector study in Uganda on the economic impact of AIDS was carried out in response to the far-reaching effects the AIDS epidemic was having on the economic and social fabric of society at both micro- and macro-levels. In addition to estimating the drug cost implications associated with AIDS, the agricultural and industrial sectors will be examined. A study on the impact of AIDS on the household was started in the United Republic of Tanzania to examine the full impact of AIDS on productivity and to measure the full economic benefit from preventing a case of AIDS. The response of the entire household was observed as it coped with the sickness of one of its members. Results will have an impact on decisions regarding how much to spend on what kind of medical care, how to finance that care, and how to replace the work output of the sick family member. Health projects with AIDS components were approved by the International Development Association (IDA) during 1991 for Malawi, Senegal, Togo and Zambia.

100. In line with the resolution adopted by the International Maritime Organization (IMO) Assembly at its sixteenth session in October 1989 on the undesirability of HIV screening of crews and passengers of ships, the Maritime Safety Committee, at its fifty-eighth session in May 1990, took note of the "Consensus Statement and Recommendations on AIDS and Seafarers" produced by WHO in consultation with ILO in October 1989. The Committee decided to give wide circulation of the statement and recommendations to member Governments, shipowners and seafarers unions, inviting them to give it the widest possible publicity. IMO has a policy of not practising HIV screening of candidates for recruitment, in line with its understanding of the policy of the practice of other agencies on the basis of WHO policy, as endorsed by the ACC.

Notes

1/ World Health Organization, AIDS Series, No. 8 (1991).

2/ The AIDS Epidemic and its Demographic Consequences (United Nations publication, Sales No. E.91.XIII.5).

3/ 1989 Report on the World Social Situation (United Nations publication, Sales No. E.89.IV.1), chap. VIII, sect. C.

4/ Overall Socio-economic Perspective of the World Economy to the Year 2000 (United Nations publication, Sales No. E.90.II.C.2), chap. IX, sect. B.3.